

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/088113** FILING DATE **15 MAR 2002**
APPLICANT(S) *Kareida*

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3				1		
4				1		
5			1			
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TOTAL IND.			2			
TOTAL DEP.			5			
TOTAL CLAIMS			8			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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